



Iowa
Collaborative
Safety
Net
Provider
Network

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Background

- Over 250,000 Iowans uninsured-far greater number underinsured
- Legislature-Governor Funded Safety Net Network Beginning in 2005-06
 - 2005 \$450k Safety Net; \$650,000 Incubator
 - 2006 \$450k Safety Net; \$650,000 Incubator
 - 2007 \$1.6 mil Safety Net; \$650,000 Incubator

CHC Incubator Program

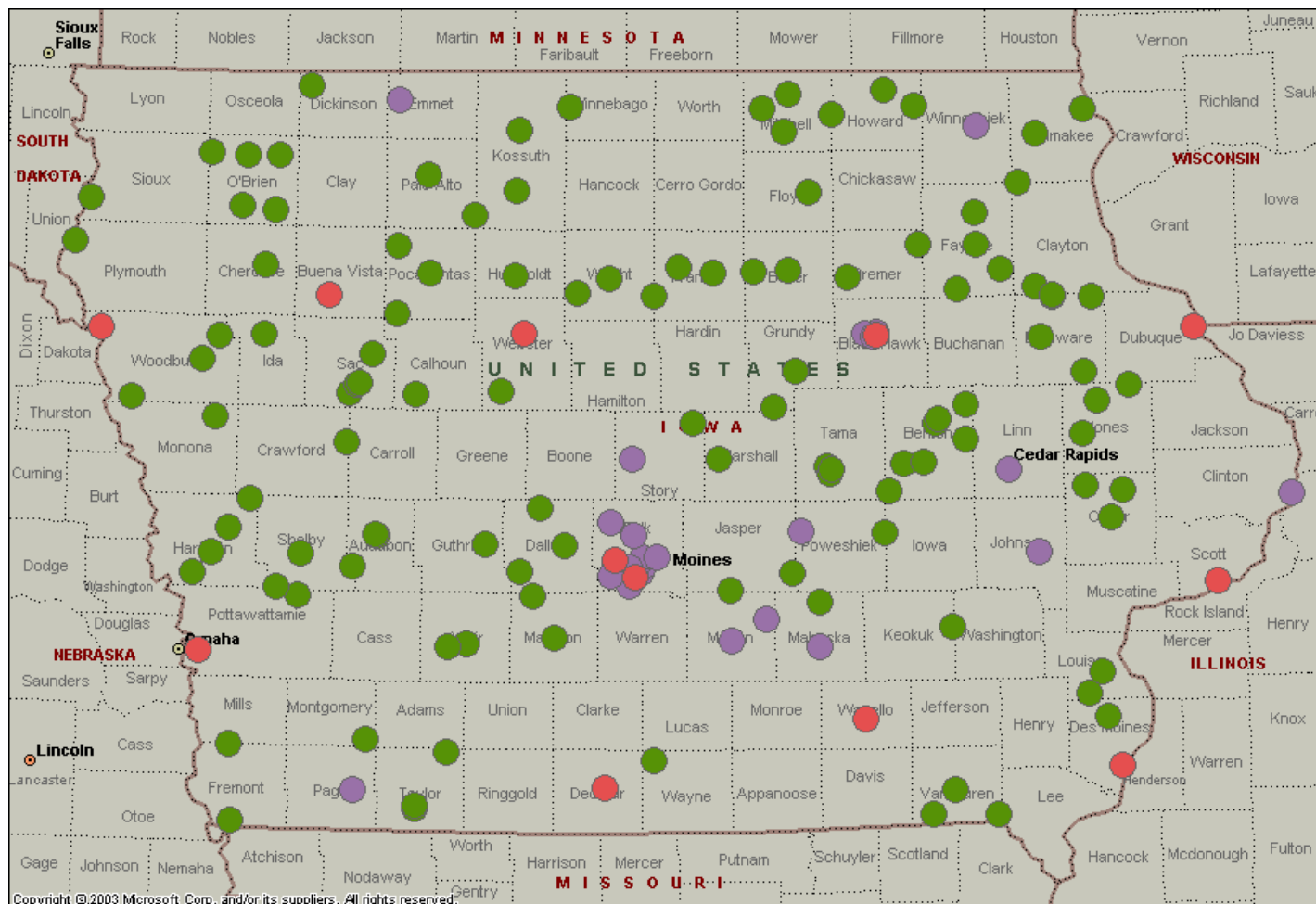
- Eligibility
 - High Quality CHC Federal Application Not Funded
 - Scored at least 85 in Federal Competition
- Award
 - 2005 Dubuque
 - 2006 Dubuque
 - 2007 Dubuque and Sioux County Eligible-Cedar Rapids Was Recently Funded

Safety Net Provider Members

- Rural Health Clinics (since inception)
- Free Clinics (since inception)
- Community Health Centers (since inception)
- *Maternal and Child Health Centers (2007 add)*
- *Local Boards of Health Providing Direct Services (2007 add)*
- *Family Planning Network Agencies (2007 add)*
- *Child Health Specialty Clinics (2007 add)*

Safety Net Provider Members

- Free Clinics
- Community Health Centers
- Rural Health Clinics



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Medical Home Vision

- Outlined in legislation: provider awards directed “to assist patients in determining an appropriate medical home”
- Coordinate with work being done by Iowa Academy of Family Practice, Iowa Department of Public Health, Wellmark, Iowa Health Collaborative, and Iowa Foundation for Medical Care on developing a definition of “Medical Home”

Network Coordination

- **Staff Leadership Group (decision making body)**
- **Staff Advisory Group (state-wide stakeholders)**
- **Promote Medical Home**
- **Oversee Initiatives-Pharmacy, Specialty Care, and Primary Care Provider Recruitment**
- **Administer Provider Awards**
- **Collect Demographic and Need Data for Vulnerable populations**
- **Program Evaluation Systems Implemented**
- **Communications to Providers, Stakeholders, Policymakers**
- **Contracting and Reporting to Iowa Department of Public Health**

Pharmacy Initiative

- Oversight Group
- Contract with Iowa Prescription Drug Corporation
 - Centralized intake for patient enrollment
 - Drug donation repository expansion
 - Statewide manufacturer's assistance program
 - IPDC discount card
 - Purchase Meds for Point of Care Dispensing to Free Clinic Patients

Specialty Care Initiative

- Two pilot communities
- RFP to be issued
- Community collaboration
- Potential for replication
- Evaluation component

Provider Awards

- Rural Health Clinics: \$150,000
- Free Clinics: \$250,000
 - \$60,000 for IDPH for Volunteer Health Care Provider Program
- Local Boards of Health that provide direct services: \$100,000
 - Three communities (competitive process)
- Maternal and Child Health Clinics: \$100,000
 - Three communities (competitive process)
- Iowa Family Planning Agencies: \$100,000

Database

- Continue to gather bi-annual data from safety net providers
- Bi-annual reports on data

Information Technology

- Explore care coordination software

Communications/ Advocacy

- Website: www.iowasafetynet.com
- Email Address: info@iowasafetynet.com
- Newsletter
- Develop communications mechanism for advocacy efforts

Recruitment

- No funding allocated for this initiative
- Will continue to work with Iowa Department of Public Health, University of Iowa Colleges of Medicine, Dentistry, and Nursing and other health professional programs to explore cooperative recruitment efforts

More Information

Network Administrator

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Iowa Collaborative Safety Net Provider Network 2007-08 Plan

Introduction

HF 909 expands funding to the Iowa Collaborative Safety Net Provider Network by providing small funding initiatives for a variety of Iowa's safety net providers. However, an important unifying theme is embodied in the consistent language throughout the bill which states that money is provided, "to assist patients in determining an appropriate *medical home*."

The concept of *medical home* has gained considerable momentum since first being proposed by the American Academy of Pediatrics in 1967. It is now endorsed with some variations by the American Academy of Family Physicians, the American College of Physicians, and the American Osteopathic Association, among others. Though it can be related to funding issues, medical home is first and foremost a conceptual framework recommending how basic health care should be organized.

A *medical home* encompasses the following characteristics. It is accessible in that patients are not challenged by geography, culture, language, or cost in receiving services. It is continuous in that patient and healthcare professionals have an ongoing relationship. And that relationship is compassionate in that it recognizes the unique characteristics and needs, including culture, of each individual. It is comprehensive by providing access to all needed healthcare services. This does not mean that any one professional or even organization provides all aspects of care, but that the responsible professional can serve as a coordinated entry point to all needed services. It is done whenever appropriate in the context of family.

No segment of our society faces greater challenges than the users of our healthcare safety net. Often uninsured, or isolated by geography, financial status, language or culture, those that rely on the safety net often go without services rather than confront these challenges. Thus the language of the legislation asks each participating safety net group "to assist patients in determining an appropriate *medical home*."

Two major funding initiatives in addition to funding targeted at various safety net provider groups include *access to pharmaceuticals and specialty care* for safety net patients. These two needs were chosen from an initial list of seven possible areas of focus by a survey of all 184 community health centers, free clinics, and rural health clinics. In specialty care, access to mental health and substance abuse services ranked as the specialty most needed. Access to pharmaceuticals and specialty care are critical components of a functional medical home.

The following plan outlines the primary components of the expanded network and tasks ahead to meet the terms of the legislation within the context of the medical home.

NETWORK COORDINATION

Appropriation: \$100,000

Program Activities

Leadership Group

Proposed composition of Leadership Group includes two representatives from each of the following new organizations:

- 1) Maternal and child health centers (suggest rep. from IDPH and a rep from a local MCH contractor)
- 2) Expansion population provider network (suggest rep. from UIHC and rep from Broadlawns)
- 3) Local boards of health that provide direct services
- 4) Iowa family planning network agencies
- 5) Child health specialty clinics
- 6) State Board of Health

Advisory Group

Proposed composition of Advisory Group includes one representative from the following:

- 1) Maternal and child health centers
- 2) Expansion population provider network
- 3) Local boards of health that provide direct services
- 4) Iowa family planning network agencies
- 5) Child health specialty clinics
- 6) Patients
- 7) Any additional interested stakeholders (suggest behavioral health)

Network activities:

- Propose meeting schedule for advisory group and leadership group.
- Develop orientation materials and process for new members of advisory and leadership groups.
- As framework for Network planning propose "Consensus Statement of Network Vision" for advisory and leadership group approval.
- Facilitate network wide progress in common goal for safety net patients of "provision of assistance to patients in determining an appropriate medical home" (*see program activities identified below*).
- Maintain and expand database of demographics and needs of vulnerable populations served by safety net providers, current safety net provider capacity, and the resources and needs of the participating safety net providers (*see program activities identified below*).

- Develop information technology infrastructure (*see program activities identified below*).
- Provide required reporting to Iowa Department of Public Health (IDPH).
- Maintain communications program with members and stakeholders (*see program activities identified below*).
- Distribute provider awards.
- Manage pharmacy, specialty care, and recruitment of safety net primary care provider initiatives.

PHARMACY INITIATIVE

Appropriation: \$400,000

Because this initiative was not fully funded, a statewide pharmacy program may not be feasible. Rather, it is likely a significant group of pilot sites will be undertaken. A collaborative group has been meeting to develop the concepts for the safety net pharmacy initiative. The program activities outlined below describe the framework for the concept developed by the group.

Program Activities

Define role, determine meeting schedule and form a pharmacy initiative oversight group to include:

- 1) Iowa Pharmacy Association
- 2) Drake University School of Pharmacy
- 3) The University of Iowa School of Pharmacy
- 4) The University of Iowa Hospitals and Clinics
- 5) Iowa Medicaid Enterprise
- 6) Rural health clinic, free clinic, and community health center providers
- 7) Community pharmacists
- 8) Other interested stakeholders
- 9) Patients and patient advocates

Develop contract with Iowa Prescription Drug Corporation (IPDC) to accomplish:

- 1) The development of a centralized intake system for patient enrollment for pharmacy initiative participation
- 2) Expansion of drug donation repository to all safety net patients.
- 3) The development of a statewide manufacturer's assistance program.
- 4) Distribution of Iowa Prescription Drug Program discount card to safety net patients.
- 5) The development of a statewide community health center pharmacy initiative focusing on efficacy for health centers with in-house pharmacies and for those who contract with community pharmacies.
- 6) Web-based access for providers and patients to pharmacy initiative programs.

- 7) Development of an efficient, cost-effective distribution system for pharmacy initiative provided medications.
- 8) Regular reporting to oversight group on pharmacy initiative activities including data on usage within each of the initiative programs.
- 9) Providing a full-time pharmacist dedicated to pharmacy initiative programs.
- 10) Exploring capacity and interest to provide Network-purchased medications to free clinics in Iowa.
- 11) Ensure pharmacy initiative programs comply with patient privacy requirements.
- 12) Capture data for all programs developed in order to analyze usage, unmet needs, program efficiency, demographic data, etc.

Pharmacy initiative activities for which Network is responsible:

- 1) Staffing the oversight group.
- 2) IPDC contract management.
- 3) Pharmacy initiative program evaluation.
- 4) Coordination of pharmacy initiative with specialty care pilots programs, free clinics, rural health clinics, community health centers, family planning network agencies, local boards of health that provide direct services, and maternal and child health centers.
- 5) Program administration and fiscal management.
- 6) Reporting to Iowa Department of Public Health on pharmacy initiative activities.
- 7) Compliance with patient privacy requirements.
- 8) Providing information technology infrastructure and support

SPECIALTY CARE INITIATIVE

Appropriation: \$400,000

Access to specialty care for underserved Iowans is a top priority for Network members. Primary healthcare can typically be found through existing safety net providers for no or low cost, though the need can sometimes exceed demand. Securing access to specialty care for this population is more complicated and solutions are costly, often localized, and requiring tremendous planning and coordination. The safety net legislation calls for a series of pilot efforts to identify local solutions, study their effectiveness, and promote replication and expansion.

Program Activities

Guidance, criteria, and application review process will be developed for two communities in Iowa to compete for funding to increase access to specialty care and to the Network pharmacy initiative. Communities will use Safety Net Network provided information technology to coordinate care through a collaboration of existing case managers/care coordinators in a community. The community will

demonstrate their ability to develop a panel of specialists with preference given to those communities who will provide specialists with as much historical patient information as possible, interpreter services, and patient transportation services, as needed.

While the scope of the pilots will be further developed, initial criteria under consideration include:

- Pilots must be based on community need for specialty care.
- Pilot projects must have cross-agency commitments for collaboration.
- Pilots must address allied services (i.e. labs, radiology, imaging) along with access to specialty care.
- Pilot projects must agree to collect data to determine effectiveness and ability to replicate in other communities, as well as document numbers served and estimated cost of services provided.
- Funding will NOT be available to pay specialists to provide care.
- Pilot projects can focus on a particular area of need in the community (i.e. behavioral health, ophthalmology) as long as other criteria are met.
- Projects that implement creative relationships between medical homes and specialists are encouraged.
- Pilot projects will identify barriers to successful implementation and replication.

Specialty care initiative activities for which the Network is responsible:

- 1) Develop and issue RFP.
- 2) Convene a small group to guide development of RFP, establish criteria for selection of pilot sites, and to review/choose communities. The small group should include representatives from safety net partners.
- 3) Choose two communities for pilots.
- 4) Develop performance measures for pilot programs.
- 5) Program administration and fiscal management.
- 6) Program evaluation.
- 7) Reporting to IDPH.
- 8) Compliance with patient privacy requirements.
- 9) Providing information technology infrastructure and support.
- 10) Provide technical assistance to pilot programs.

PROVIDER AWARDS

Appropriation: \$700,000

The legislation allowed for awards for the following groups. The Network will work in concert with leadership of those groups to determine use of the funds, data to be tracked, and performance measures that capture progress in providing medical homes for patients served.

Program Activities

Rural Health Clinics \$150,000

The Network will distribute the entire appropriation equally among rural health clinics who provide the information requested by the Network to populate the Network database and to those rural health clinics that make participating in the Network pharmacy initiatives an option for their safety net patients. The legislation requires these distributions to include a “provision of assistance to patients in determining an appropriate medical home.” As the vision of what this means and how it will be accomplished is developed that vision will be shared with safety net partners. Embracing the concepts and benefits to safety net patients will be encouraged by participating rural health clinics.

Free Clinics \$250,000

The Network will distribute \$100,000 of the \$250,000 equally among free clinics that provide the information requested by the Network to populate the Network database and to those free clinics that make participating in the Network pharmacy initiatives an option for their safety net patients. The legislation requires this distribution of funds to include a “provision of assistance to patients in determining an appropriate medical home.” As the vision of what this means and how it is accomplished is developed that vision will be shared with safety net partners. Embracing the concepts and benefits to safety net patients will be encouraged by the free clinics. An additional \$50,000 will be distributed based on an agreed upon formula related to the relative volume of safety net patients served by an individual free clinic to all safety net patients served statewide by the participating free clinics.

\$60,000 will be directed to IDPH for staffing of the Volunteer Health Care Provider Program enabling a more efficient processing of applications for State provided professional liability coverage to providers volunteering to provide care at no charge to safety net patients. Performance measures will be established to improve efficiency of the program.

\$40,000 will be targeted for the purchase of medications to be dispensed by free clinic providers, a statewide administrative infrastructure for free clinics, or possible education programs for free clinic providers and organization leadership. How these funds are ultimately utilized will be determined by free clinic and safety net leadership.

Local Boards of Health That Provide Direct Services \$100,000

Three local boards of health will be identified through a competitive process to each receive \$33,333. Preference will be given to those communities that make participating in the Network pharmacy initiatives an option for their safety net patients, demonstrate capacity and commitment to use Network provided information technology and develop a collaboration of existing of case managers/care coordinators in the county. The legislation requires the distribution of these funds to include a “provision of assistance to patients in determining an appropriate medical

home". As the vision of what this means and how it is accomplished is developed that vision will be shared with safety net partners. Embracing the concepts and benefits to safety net patients will be encouraged by the participating local boards of health.

Maternal and Child Health Centers \$100,000

Three maternal and child health centers will be identified through a competitive process to each receive \$33,333 to investigate whether the Network pharmacy initiative is an option for their safety net patients. Preference will be given to those centers that demonstrate capacity and commitment to use Network-provided information technology and to demonstrate how utilizing case managers has contributed to increasing access to pharmaceuticals for their patients. The legislation requires this distribution of funds to include a "provision of assistance to patients in determining an appropriate medical home". As the vision of what this means and how it is accomplished is developed that vision will be shared with safety net partners. Embracing the concepts and benefits to safety net patients will be encouraged by the participating maternal and child health centers.

Iowa Family Planning Agencies \$100,000

The Network will distribute the entire appropriation equally among family planning agencies providing information requested by the Network to populate the Network database and to those agencies that make participating in the Network pharmacy initiatives an option for their safety net patients. The legislation requires these distributions to include a "provision of assistance to patients in determining an appropriate medical home". As the vision of what this means and how it is accomplished is developed that vision will be shared with safety net partners. Embracing the concepts and benefits to safety net patients will be encouraged by the participating Iowa family planning agencies.

DATABASE

Program Activities

The legislation directs the Network to continue to gather data from all safety net providers. The Network will begin gathering data on a bi-annual basis rather than quarterly, as it was previously collected.

Activities for which the Network is responsible:

- 1) Communicate with new providers added to the Network regarding data collection requirements.
- 2) Collect data on a bi-annual basis
 - a. January-June 2007
 - b. July-December 2007
 - c. January-June 2008
- 3) Ensure data is available via safety net website.
- 4) Aggregate data by provider group and for providers as a whole.
- 5) Develop bi-annual reports on data collection.
- 6) Disseminate bi-annual reports to Leadership Group, Advisory Group and other stakeholders

MEDICAL HOME VISION

Program Activities

The Network will continue to facilitate the discussion which has begun and resulted in adopting a vision of a medical home which has been advanced by the American Academy of Pediatrics. The Network will coordinate efforts in this area with work being done by the Iowa Academy of Family Practice, IDPH, Wellmark, Iowa Health Collaborative, and the Iowa Foundation for Medical Care so that Network efforts complement what is being done in the private practice community and with third party payors.

INFORMATION TECHNOLOGY

Program Activities

The Network will explore the acquisition of software to gather intake information for pharmacy initiative as well as to support care coordination efforts for communities receiving awards for specialty care pilots and those selected for provider awards. This activity will take into consideration current data collection efforts and the data markers to be included in the medical home vision.

COMMUNICATIONS/ADVOCACY

Program Activities

The Network will engage in pro-active efforts to keep safety net providers, policymakers, and other stakeholders informed about the Network and its activities. To achieve this, the Network will implement several communications efforts.

- 1) Develop and post content for the website.
- 2) Go live with the website.
- 3) Communicate with provider groups, Legislators and other stakeholders, notifying them when the website is available.
- 4) Develop newsletter template.
- 5) Develop newsletter distribution list (email and mail).
- 6) Develop and disseminate bi-annual newsletter.
- 7) Develop strategy for keeping safety net providers informed of activities during the legislative session, including tools for updating and communicating with providers and links to Iowa General Assembly website and list of legislators.

RECRUITMENT OF PRIMARY CARE SAFETY NET PROVIDERS

Program Activities

There were no funds allocated for the recruitment of safety net providers; another primary need identified by safety net partners. However, believing in the importance of the initiative the Iowa/Nebraska Primary Care Association plans to pursue a recruitment initiative for their member health centers in both Iowa and Nebraska. The project will be sustained with member contributions. If the project proves successful there may be discussions on the feasibility of expanding recruitment efforts to other safety net providers.

The Network plans to collaborate with other health professional recruitment efforts within the state including the Iowa Department of Public Health, University of Colleges of Medicine, Dentistry and Nursing and other health professional programs. Staff will also continue to compile a list of recruitment resources for the members use in their individual recruiting efforts.